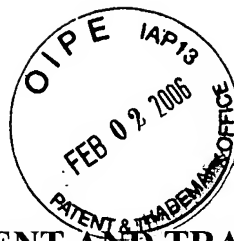


Attorney Docket No. ACCU-002/01US

PATENT



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: July WHEELER

Confirmation No.: 7096

Serial No.: 10/759,532

Group Art Unit: 2122

Filed: January 20, 2004

Examiner: Unassigned

For: **A SYSTEM AND METHOD FOR DISPLAYING THE CENSUS OF A  
HEALTHCARE FACILITY**

U.S. Patent and Trademark Office  
Customer Service Window  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

**TRANSMITTAL OF DOCUMENTS**

Enclosed are the following for the above-identified application:

- [x] Request for Withdrawal As Attorney or Agent and Change of Correspondence Address;  
and
- [x] One return receipt postcard.

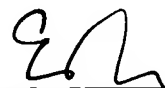
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

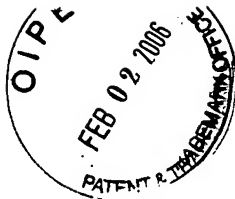
Dated: February 2, 2006

Cooley Godward LLP  
ATTN: Patent Group  
One Freedom Square  
Reston Town Center  
11951 Freedom Drive  
Reston, VA 20190-5656  
Tel: (703) 456-8000  
Fax: (703) 456-8100

Respectfully submitted,  
**COOLEY GODWARD LLP**

By: \_\_\_\_\_

  
Erik B. Milch  
Reg. No. 42,887



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/759,532
Filing Date	January 20, 2004
First Named Inventor	Judy WHEELER
Art Unit	2122
Examiner Name	Unassigned
Attorney Docket Number	ACCU-002/01US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: This withdrawal is requested because we will no longer represent the Assignee of the entire interest in the above-referenced application.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Thomas W. Ludeke ACCU-MED SERVICES, LLC				
Address	300 TechneCenter Dr.				
Address	Suite A				
City	Milford	State	OH	Zip	45150
Country	USA				
Telephone	800-777-9141			Fax	
Name	Erik B. Milch				
Signature			Registration No.	42,887	
Date	February 2, 2006		Telephone No.	(703) 456-8573	

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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